

rough stone was extracted in the course of two minutes, a little delay having been experienced by the protrusion of the rectum; suffered nothing, and was taken home shortly afterwards quite well.

"13. Alexander M'Lean, aged eight, from Lochee, after suffering severely under symptoms of *calculus vesicae* for eighteen months, a rough oval stone was removed by the lateral operation in the course of a minute and a half. Slept the greater part of the time during the two first days, on the third sat by the fireside in an adjoining room, and eleven days after the operation was running about in perfect health."

The reader will, perhaps, suspect that, as it is the surgeon, and not the patient who is the narrator of these cases, that the estimate of the degree of pain suffered by the latter, at all times difficult, may not be very exact in the present instances. If he will compare these cases with those he has himself witnessed, he will readily decide, whether the former furnish an accurate representation of the sufferings usually inflicted by the operation. If they do so, we will not object to the following expressions of Mr. C.:—

"Certainly any thing I myself have seen or had experience of in the matter affords little encouragement to believe that any instruments, however ingeniously contrived, can ever effect the removal of urinary concretions with so little suffering, risk of life, and injurious consequences as the simple, easy, and efficient mode of making an entrance into the bladder with the knife."

52. *Division of the Tendo-Achillis for Club-Foot.* The *Medico-Chirurgical Review*, for October last, contains the following abstract of four cases, narrated by STAOMEYER, in a late No. of *Rust's Magazine*, in which this operation was performed by the narrator. We were unable to quote these cases in their appropriate place, our copy of the first-named Journal not being at hand when our remarks on the operation were written; (see p. 116 of this No.) but, as we have now the No. before us, and these cases are highly interesting, we will insert them here:—

"The first case was that of a boy, seven years old, who had been born club-footed in both limbs. The right foot was most deformed. The tendo-Achillis was divided. The wound healed speedily by the first intention; but the extension was not commenced till eight days after the operation. Whether the connecting cellular tissue had by this time become too unyielding to permit the foot being brought into a natural position, or there was some other unfavourable condition present, we are not informed; but it appears that the patient was not at all benefited by the operation which had been performed, and the parents would not consent to a second one being performed, as proposed by Stromeier.

"The second case was more successful. The disease was not congenital, but had come on, without any very evident cause, when the boy, now 13 years of age, was in his fourth year. The twisting of the foot was even worse than in the preceding case; and in addition to the general deformity, the big toe was permanently contracted downwards and inwards, in consequence apparently of the flexion of the tendon of the flexor longus pollicis. Dr. Stromeier was of opinion, that before attempting to remedy the greater evil, it was advisable to rectify the deformity of the toe. The tendon of the flexor longus was therefore divided, and three days afterwards the toe was extended, and kept in that position for a week. The more important operation was then performed. Extension was commenced on the fifth day. In the course of ten days, the foot had been brought to an angle of 70° with the leg. Four weeks after the operation, the extension-apparatus was exchanged for the mechanical boot which has been contrived by Stromeier for the purpose, and the patient allowed to walk on. Half a year afterwards, he could move about with the greatest ease, and with the exception of a slight turning-in of the point, the foot had regained its normal shape and mobility.

"In the third case, that of a boy nine years old, the disease was congenital. The toes and the metatarsus of the right foot were bent strongly downwards, so that the dorsum of the foot formed quite a convex line with the leg, and the great toe was drawn upwards in a strange manner towards the foot, so that the only point of support, when the patient stood or walked, was the metatarsal joint of this toe. The tendo-Achillis was divided; and on the fifth day afterwards the extension apparatus was put on.

"As the point of the foot was still drawn considerably inwards by the contraction of the tendon of the flexor longus pollicis, this was divided, and extension afterwards kept up.

"In about ten weeks after the date of the first operation, the form and mobility of the foot left nothing to wish for; and the boy could move about with the greatest facility.

"The fourth case occurred in a youth 19 years of age. The foot was turned inward, so that the point of support in standing was on the metatarsal bone of the small toe. The result of the operation and of the subsequent treatment was so successful, that the deformity was quite removed (das entstellende eubel war ganz gehoben.)"

**53. Section of the Sterno Mastoid-Muscle, for the cure of Wry-Neck.**—This operation has been performed by M. AMUSSAT. The patient, a man 53 years of age, stated that seven years ago, while carrying a heavy weight on his back, he suddenly felt a sharp pain on one side of the neck, and that this pain lasted for the following fortnight or three weeks; that some time after all uneasiness had ceased, he began to experience, chiefly at night, a stiffness of the neck, and a tendency to incline it to the left side; that on awaking one morning, he found that he had a very painful wry-neck; that this attack however speedily abated; but that ever afterwards the stiffness of the neck and its turning to the left side were much more troublesome than they had been before, and that these symptoms soon increased so much, that he was forced to resort to the expedient of steadyng his head, when engaged at his work, by fixing a packthread to his front teeth, and securing it to one of his thighs! This expedient, however, proved insufficient; and in the course of ten months, the malady had increased so much that he was forced to discontinue altogether his employment as a shoemaker. The left sternomastoid had become larger and thicker than its fellow. A variety of remedies, including blisters, acupuncture, electricity, &c., had been tried without avail. M. Amussat therefore advised him to submit to the division of the affected muscle. Pinching up the skin, about an inch above the insertion of the muscle into the extremity of the clavicle, he divided the fold with a sweep of the bistouri; he then severed the muscle, layer of fibre after layer, permitting one to retract before dividing the other, until the entire substance was fairly cut through, with the exception of a few of the outer, or clavicular fibres. A few arteries sprung; but the hemorrhage from these was easily arrested, by twisting their bleeding extremities. The wound was then dressed with simple cerate. The wryness of the neck was unexpectedly quite as great after, as it had been before, the operation, and continued to be so for at least three weeks. As the cicatrization of the wound advanced, the deformity was observed to decrease; and, by the end of the sixth week after the operation, when the wound was quite healed, the normal position of the neck was perfectly recovered.

The most interesting features of the present case are, first, the long continuance of the malady; it had existed for seven years; secondly, the cure obtained without the use of any apparatus, either during or after the section of the muscle; thirdly, the permanence of the cure—it is now upwards of a twelve-month since the date of the operation; and lastly, the proof which is thus established of the efficacy of the treatment recommended by the older surgeons, and which of late years had fallen into unmerited desuetude.

The point at which M. Amussat divided the muscle, was that usually indicated in surgical works. M. Malgaigne has, in his Manual Operatoire, suggested that the division should be made higher up, with the view of more effectually avoiding the large blood-vessels in the neighbourhood, and also because the muscle is less bulky. With respect to the former of these motives, it is founded on an anatomical mistake; for M. Amussat shews that the sterno-mastoid is as close to the blood-vessels higher up in the neck, as it is lower down; and moreover, that at this latter point, the omo-hyoideus being interposed between the muscle and the vessels, secures the latter in some degree from the risk of injury.—*Med. and Chirurg. Rev. from Gazette Médicale de Paris.*

**54. Radical cure of Varicose Veins and of Hernia by Acupuncture.**—M. BOINET, Surgeon in Chief of the Hôtel Dieu at Lyons, has treated eleven cases of